ADMINISTRATIVE - INTERNAL USE ONLY

Approved For Release 2001/07/12 : CIA-RDP79-00498A000100150054-5

DD/A 74-3804 File Bely + G 10 3 0 SEP 1974

MEMORANDIM FOR: Executive Secretary, CIA

THROUGH

: Administrative Officer, DCI

SUBJECT

: Request for Reimbursement for Executive Dining Room Charges

Incurred in the Conduct of Official Duties

REFERENCE

: DCI Memorandum, dtd 11 January 1974, Same Subject

The officer named below incurred expenses on the date indicated in an official capacity. It is requested that the charges indicated be reimbursed from U. S. Government funds.

Date:

3 July 1974

Host:

Harold L. Brownman, Deputy Director for Management and Services

Guests:

Department of State:

Ambassador L. Dean Brown

William Galloway Michael Comlin Donald Bouchard

Agency

Participants:

Harold L. Brownman, DU/MES

John F. Blake. ADD/MGS

STATINTL

Dr. John R. Tietjen, D/Medical Services

Charles W. Kane, D/Security

Reimburseable Charges

pragarpry to ...

\$50.93

Check one:

I certify that the payment of the charges cited herein are allowable whiler the standards established by referent memorandum.

Teertify that prior approval was obtained from the Director for an exception to the provisions of the referent memorandum.

> C. C. CLYMEN John N. McMahon Acting Deputy Director for Administration

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| REQUEST FOR REIMBURSEMENT OR PAYMENT | | ESTING OFFICER STOWNSHI 309444 above) | | | | | | JCHER N | O. 2-12 (Finan | e use only | , | • | ٠, | | |
| FUNDS ARE REQUESTED FOR EXPENSES INC | | | | | | | | | | | | documents) | | _ | |
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| PAYMENT INSTRUCTIONS CERTIFICATION (Check when applicable) | | | I CERTIFY FUNDS ARE AVAILABLE | | | | | | DESIGNATION OF AGENT TO PICK UP FUNDS | | | | | | |
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| | | | 001 | 5110-1010 | | | receipt of such funds and my responsibility therefor, | | | | therefor, w | hen pai | ď | | |
| | | | N CODE | HORIZED SIGNATURE | | | | my agent | | SIGNATURE OF AGENT | | | | | |
| | | | AUTHORI | | | | | | | | | | | | |
| | | | | | | | | DATE | | SIGNATURE OF CLA | GNATURE OF CLAIMANT OR OFFICER | | | | |
| PERSONAL SERVICES | | DATE | | | | | | ACKNOWLEDGEMENT OF RECEIPT | | | | | | | |
| The amount requested is due the payee for satisfactory performance of duties in accordance with the terms of his contract or other written or oral | | | | | | | | AMOUNT CHECK NO. | | | | | | | |
| agreements. | | | CEF | | | | T | DATE | —т | SIGNATURE | <u> </u> | | | - | |
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